

From: Brad Nelson
To: Mark Miller; Cory Brown - cbrown.s04285
Sent: 6/18/2013 9:19:38 PM
Subject: FW: Pill Mills

COMPLIANCE RIGHT WAY EVERY DAY

REFUSAL TO FILL.

Pharmacists are granted the ability to exercise their professional judgment and choose to refuse to fill any prescription if they feel the prescription was written for other than a legitimate medical purpose. You and your staff are encouraged to review POMs 203,1311,1316,1317,1319 and 1703. Even after the Pharmacist established that there is a Dr/Patient relationship, the Pharmacist is still allowed to refuse to fill a prescription on an individual prescription basis, no blanket refusals are allowed by the Boards of Pharmacy. Key points:

- When any of the pharmacists on your team decides to not fill a prescription, then the requirements of POM 1703 apply and a refusal to fill or fraudulent activity webform **is required** to be submitted for each refusal.
- Once a pharmacist submits the refusal to fill or fraudulent activity webform, the information is then sent to the DEA by the practice compliance team.
- If a pharmacist dispenses a prescription and subsequently learns (i.e. from law enforcement, a prescriber, another pharmacy or other sources) that the prescription was forged or altered, the pharmacist **is still required** to fill out the refusal to fill or fraudulent activity webform and follow the steps outlined in POM 1703.
- The documentation of these refusals is to provide details of the incident for the purposes of supporting the Pharmacists in their decision should any complaint be filed by a prescriber or patient with the Medical Board or Board of Pharmacy.

Unfortunately there are many prescribers that write for large quantities of controlled substances, however, this does not mean that you as a professional are required to fill these prescriptions. We encourage and support each Pharmacist in exercising his/her professional judgment, we simply ask that you follow the policies and procedures outlined in the Pharmacy operations manual to protect you and the company from false claims of discrimination from the Prescriber or the patient. We appreciate your concerns and understand the impact to your practice.

As long as you document the reasons why you refused to fill Walmart and our pharmacists will be protected from lawsuits and our legal team would be happy to defend cases involving professional judgment and pharmacist refusal to fill.

If you have any questions or concerns please feel free to contact Health and Wellness Regulatory Affairs: (479) 204-8014.

From: Mark Miller
Sent: Tuesday, June 18, 2013 2:57 PM
To: Brad Nelson
Cc: Cory Brown - cbrown.s04285
Subject: FW: Pill Mills

Brad,

You were kind enough to share your thoughts on refusal to fill practices when dealing with chronic use of acute medications. Do you have any thoughts you could share on Cory's issue with a Dr. Lalli? Our pharmacist is hearing that he is making a list of pharmacist who are refusing to fill his medications. This is my concern, that we handle it properly.

Thanks,

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From: Cory Brown - cbrown.s04285
Sent: Monday, June 17, 2013 10:36 AM
To: Mark Miller
Subject: Dr. Lalli

Mark,

It seems Dr. Lalli is evolving. I just had a patient call for Norco 10/325 from Dr. Lalli, along with her Soma and Valium. I know I can't tell the patients we don't fill for him, so we have been filling some medications that are not the "chronic use of acute medication". But this means we have been filling controls from him (such as Adderall). Of course this is after an OARRS report. We even had one patient go as far as having his Percocet 10/325 changed to Oxycodone 10mg to get around the "chronic use of an acute mediation". We filled it because this patient also sat and told me he had been compiling a list of everyone (pharmacist and pharmacy) who is refusing to fill his medications and going back to Dr. Lalli with it. (I don't know if that is true, but I didn't want to be the cause of a lawsuit either). How do you want us to handle this? I've been told he is now part of the Cleveland Clinic and has greatly reduced his patient count, but old habits die hard.

Thanks,
Cory Brown PharmD RPh
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